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ABSTRACT

With an increasingly smaller base of potential employees in long-term care facilities, especially Certified Nursing Assistants (CNAs), and an increasingly larger population of elderly persons needing their services, Salter Healthcare Services in Massachusetts has developed plans for retaining CNAs. Although the Salter Corporation has been practicing many industry-recognized retention strategies since its inception in the 1950s, the company recently has formulated more specific plans aimed at CNA recruitment and retention and has started to implement them. Strategies planned include the following activities: (1) expanding the scope of the CNAs' involvement and practice; (2) improving the CNAs' orientation experience by soliciting feedback from new hires via questionnaire and developing a curriculum for the "buddy" program that pairs new with longer-term employees; and (3) providing education to CNAs for specialty areas of practice. In addition, the company strives to continue provide staff recognition, develop a career ladder, and provide increased educational opportunities for all staff. (The report contains 34 references and the proposed staff retention program.) (KC)

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A PROPOSAL FOR THE RETENTION OF CERTIFIED NURSES AIDES:

SALTER HEALTHCARE SERVICES

by

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"It was a law of life, so harsh yet so just, that either we grow or it becomes harder and harder to stand still."

Norman Mailer, **The Naked and the Dead**

INTRODUCTION

To reduce hiring and training costs, retaining existing employees is critical. The productivity lost from hiring and training new employees far outweighs the cost of retaining existing employees. Given the intense demand for their skills elsewhere, this is no easy task. It has been true in Massachusetts for some time that the escalating elder population requiring institutionalized supervision has created a demand for skilled labor that continues to outstrip supply. This demand has made it more difficult to find, hire and retain qualified care givers. The increased demand has spurred a rise in salaries and benefits. Both large and small companies are adversely affected by the rapid salary increases. However, smaller companies may be hindered more seriously because they may not be able to compete with the deep pockets of the large corporations.

Background And Significance

The challenge to Salter HealthCare Services, a cluster of four family-owned nursing facilities in eastern Massachusetts, is to develop a culture that fosters employee retention. Though the Salter Homes enjoy a retention rate higher than those reported by the area's large corporations, the Salter family strives to improve retention, firmly believing that longevity goes hand-in-hand with employee satisfaction and work-place loyalty and commitment.

To claim that the Salter facilities are experiencing a staffing crisis relative to nursing assistants is probably not an embellishment. The administrators have had relative success in recruiting and retaining licensed nurses, but are having a difficult time recruiting and retaining certified nursing assistants (CNAs). Facility leaders are responding proactively to the challenges currently faced, believing they will escalate in the near future. Pillemer (1996) discusses the demographic wake-up-call to nursing homes, identifying three major factors purported to have the biggest impact on the CNA shortage.

The first trend is the dramatic growth in the elderly population, placing new demands on the long-term care system. By the year 2030, the population age sixty-five years and over in the U.S. is expected to double, and the number of persons age eighty-five years and over will increase by five times the current number, from 3.2 million in 1990 to more than 15 million in 2030 (Pillemer, 1996). The U.S. Bureau of Labor Statistics estimates the need for 600,000 new CNAs early in the next decade. A question on everyone's mind should be: Where will we find these workers?

The second trend pertains to the fact that the nursing home population is becoming older, sicker, frailer, requiring more complicated care. The trend toward earlier discharge has meant that the Salter facilities, like others in Massachusetts, have developed sub-acute care programs and specialty programs to care for more patients with acute illnesses from which they have not completely recovered. The Homes are now using more complicated

technologies traditionally used only in hospitals. The primary burden of care for this increasingly impaired population, especially patients coming to Salter facilities from Lahey Hospital, descends on the CNAs. The intensive level of care, expertise, and, increase in workload, dictates that only dedicated, competent, team-players are employed and retained. At the Salter facilities, the client population is also becoming more medically complex as room is made for younger disabled clients, rehabilitation clients, and clients with immunosuppressive illness.

The third trend to be considered in managing the CNA staffing shortage in nursing facilities is that the labor force will not respond by itself to the need for more front-line long-term care workers. As a whole, the labor force is growing much more slowly than the elderly population. The number of young adults, who constitute the largest percentage of CNAs, is decreasing in relation to the elderly population. Between 1990 and 2020, the number of people over the age of fifty will increase by seventy-four percent while those under fifty, their potential care-givers, will increase by only one percent! This reality coupled with the government cap on immigrants, who also make up a large portion of nursing home care-givers, will cause a staffing crisis likely to plague nursing homes for years to come (Pillemer, 1996).

The Massachusetts Extended Care Federation conducted a study of employee shortages in its facilities, of the 227 facilities surveyed, more than ninety percent reported they were suffering from shortages of CNAs, with three-quarters claiming the problem

was moderate or severe. The study also found that those CNAs who applied to the facilities had inferior job histories and habits and diminutive experience with the elderly and disabled.

The company's Staff Development Directors are committed to the notion that these trends are not challenges; preferring to think of them as opportunities. The Directors believe their institutions can conquer this dilemma, by preparing, and by embracing a proactive stance relative to recruitment and retention. Nursing Home leaders comprehend that the singular constant in society today is **change**, particularly in health-care, consequently, proactive leaders prepare the path they desire to follow as the inevitable change ensues.

Review of the Literature

The review of the literature included a search of the ERIC database, an internet exploration, and a review of relevant journal articles and texts. Though there was a vast amount of information about student retention and employee retention in general, information specific to recruiting and retaining CNAs was somewhat limited and predominately anecdotal (see Bibliography). Believing that valuable knowledge could be gained by considering employee recruitment/retention studies and programs, and generalized to include CNAs in the long-term care arena, the following material was appraised:

A millennium poll taken in November by Hart Research Associates for Shell Oil Company asked 1,264 randomly selected adults a variety of lifestyle questions, including some that

focused on the work-place. Among the respondents, expectations for the work environment in the year 2000 and beyond:

* Fifty-two percent say they think they will work at three to seven different organizations during their careers;

* Twenty-nine percent predict they will work for eight to eleven or more employers before retirement;

* Seventy-two percent say they would like the security of long-term employment with one company;

* Seventy-eight percent expect informal clothes to be acceptable in most work environments. The report suggests that instead of "casual Fridays," businesses will move toward "business Mondays," the one day a week when professional attire will be expected;

* Eighty-two percent of men and fifty-seven percent of women believe that on average, women will earn as much as men will earn;

* Thirty-seven percent of those eighteen to thirty-four years old believe a four-day work week will become standard. The older a respondent to the Shell Poll, the more likely the individual believed a four-day work week will become a reality: Forty-nine percent of those age thirty-five to forty-nine said yes; seventy percent of those age fifty to sixty-four say it will happen; and eight-two percent of those age sixty-five and older said yes, and;

* Forty percent of respondents said people will work long past traditional retirement age; twenty-seven percent expect earlier retirement, and; thirty-three percent forecast no change in retirement age.

In addition to changes in work hours and schedules, dress code, equity in compensation, and retirement age, the human resource development literature suggests that businesses put overlooked labor pools on their recruitment list. For some, that means tapping into the urban youth, homeless, and ex-convict labor markets. These groups are largely untapped labor forces, with high jobless and under-employment rates. These potential employees have inadequate education or work experience. They need training in

social skills such as smiling at consumers as well as in traditional job-related skills. Businesses seldom have the time, resources and know-how to teach these basic rules of work. But nonprofit groups can help. Probably the best way to find available workers, currently being trained in job-related skills, is to build partnerships with nonprofit groups specializing in helping the disadvantaged.

Additionally, because the majority of CNAs and support staff presently being hired speak English as a second language, after French or Spanish, the company will soon offer an "English as a Second Language" program as a recruitment and retention effort. Unfortunately this strategy can back-fire, because once employees become proficient in the English language they may leave the company for higher paying jobs in local restaurants, department stores and hotels/motels.

The literature reports several successful work-place literacy projects that could be customized for use by healthcare facilities. For example, Project Step Ahead (1994) was a National Work-place Literacy Demonstration Project that provided on-site training at participating New Mexico hospitals in job-specific literacy skills necessary for satisfactory job performance. Six courses were offered that integrated language skills with reading, writing and speaking components. The program was called "Straight Talk: Communicating in Health Care Settings." Each course made use of real work-place documents such as memos and performance appraisals. Follow-up showed that many participants had been promoted or had

their responsibilities increased. One hundred short courses were offered to 811 participants; the retention rate was approximately eight-five percent.

What the "100 Best" companies have learned about retention is that being a great place to work is good for business. These award-winning companies invest more money, effort and time in their people by offering broader and richer benefits programs, a share in success and a commitment to personal growth. Baumruk (1999) claims "whether it's through benefits, pay, learning or something as standard as employee orientation, the 100 Best continue to find better and more innovative ways to engage their people, and therefore inspire higher levels of performance and commitment than their competitors."

For instance, fifty-two percent of the 100 Best companies offer stress reduction programs, compared to thirty-seven percent of other companies. Personal services range from free meals to personal concierges and discounts on entertainment. Sixteen percent of the Best companies offer free meals to their employees compared to six percent of other companies. The 100 Best companies know their people are the reason for their success and are more likely to give their employees a piece of the pie by treating them equally and offering rewards and recognition across the ranks. These same companies invest more in their employees' training and development than do their counterparts. "Many companies claim to value people, but what sets the 100 Best apart is that they consistently back up their claims by making significant investments

in employees throughout their time with the company," Baumruk (1999) maintains. Employees appreciate the investment and pay the company back in loyalty and commitment to their jobs," he added.

Bartik (1999) claims that federal and state policies are increasingly pushing welfare recipients into the labor market and that some types of jobs lead to greater long-run "success" for welfare recipients. He further claims that "long-run success will be influenced by short-run job retention." The short-run matters so much because many welfare recipients face problems with job retention. At one welfare-to-work program, Project March in Chicago, researchers found that forty-six percent of the program's clients lost their first job by three months, sixty-percent by six months, and seventy-three percent by twelve months. It is not surprising to note that welfare recipients are most commonly employed in low-wage jobs with low educational requirements (see table 1).

Some types of jobs might lead to greater job retention for welfare recipients because occupations or industries differ in pressure for timely completion of tasks, the strictness of supervision, and interactions with co-workers or customers. Occupations or industries also differ in whether the skills required have much in common with child care or home care. Some occupations and industries may better tolerate substandard performance while the new worker adjusts to the job. Finally, higher wages or benefits make an otherwise unsatisfactory job easier to endure. Unfortunately, substandard performance is not

acceptable, even initially, where the provision of health care is concerned, nor are the wages high relative to the wages earned in industrial settings such as eating and drinking places. This may account for the greater attraction of welfare recipients to these types of jobs. Welfare-to-work programs could benefit from knowing what types of jobs are associated with later success.

Table 1. Top Ten Occupations/Industries of Welfare Recipients

Occupation	Percent of sample
Cashiers	9.8
Nursing aides	6.7
Waitresses	6.3
Maids	4.3
Cooks	4.0
Janitors	3.9
Secretaries	2.8
Child care	2.6
Household cleaning	2.1
Assemblers	1.8

Industry	Percent of sample
Eating and drinking places	16.4
Nursing and personal care	5.6
Private household services	4.2
Hotels and motels	4.1
Grocery stores	3.7
Elementary & secondary schools	3.6
Department stores	3.1
Personnel supply services	2.9
Hospitals	2.8
Services to dwellings & buildings	2.4

Source: March Current Population Survey, (1983-1995). (cited in Bartik, 1999)

Welfare recipients typically lose jobs because of problems with absenteeism and punctuality, or because of conflicts with supervisors and co-workers. Job retention problems occur in part because many welfare recipients find the circumstances of low-wage

jobs to be unfamiliar. The usual daily activities of an unemployed welfare recipient are comprised of child care and home care, with no supervisors or co-workers to accommodate, and with the welfare recipient controlling her own schedule (cited in Bartik, 1999). The Salters do hire welfare-to-work individuals, and like other businesses, continue to work toward retention strategies to retain this pool of employees.

The company equips all employees with a comprehensive, well-designed training and development program that begins at orientation. Both group and one-on-one training is provided on the patient units and in simulation labs for staff across all levels. Because the facilities are inordinately proactive in providing staff with growth and development opportunities, licensed staff and CNAs never concern themselves with tracking their state-required education credits, realizing they will collect quadruple their quota. Exceeding the compliance requirements of government and accreditation agencies, Woburn Nursing Center has an exemplary staff development program (see McKinnon & Capone, forthcoming).

It is a family tradition that the Salters supply staff with high-quality free meals, snacks, hot beverages and juices, along with ample time to socialize with coworkers at breaks and meal-times. It is not uncommon for facility leaders to spontaneously host a pizza party or arrange for Chinese food to be delivered to staff on all three shifts.

Additionally, flexible work schedules and employee appreciation programs have been the norm at the facilities since

the business originated with the senior Salters in the 1950s. The Staff Development Directors often recruit individuals interested in obtaining nurses aide certification. They arrange for the individuals to attend the local CNA program, and the company pays for the cost of the training. The Directors augment the CNA program by providing study materials, quizzes, and tutoring during the course of the training program.

Another retention strategy is to move people from department to department over time, permitting someone who has stopped growing in one area to advance in another. One case in point is a laundry worker, who, after working for the company for seventeen years, was given the time, money, and administrative support needed to successfully complete the CNA program. She is now a praiseworthy CNA at the Woburn facility. This type of cross-training is beneficial to the facility as well as to the employee. Facility leaders also set mutually acceptable professional goals for employees not in a position to switch jobs or cross-train, for example nurse managers. This allows managers to recognize success in rising to new challenges while retaining the same position.

The newest CNA retention effort is the implementation of a "low lift program," which will eventually progress to a "no lift program." Though the lifts, related hardware and training required to implement the program is costly, the benefit is the long-term reduction of injuries to CNAs, thereby improving their job satisfaction and morale.

The company promotes a customer service approach, believing it makes a difference in the quality of life for both the clients and the CNAs. Studies show that when staff members treat their clients and each other to the kind of customer service that is expected in a fine hotel, restaurant or department store, the working atmosphere improves. As a result, conflicts, disruptive behavior and complaints - which are among the least favorite parts of any CNA's job - become less common (Fenster, 1995). These are but a few of the ways the owners create a vibrant environment without the difficulties that a shrinking work-force, forced technological growth, and government mandates often induce.

Three Staff Development Directors (SDDs), representing three of the four Salter facilities, met several months ago to discuss developing an explicit program aimed at CNA retention. The SDDs were concerned that their best aides were not being retained. Equally as pivotal was the fact that one-third to one-half of the CNAs staffing the facilities were contracted from staffing agencies. The sacrifice to the facilities, in terms of funds, sub-standard client care, and alienation of regular staff, was becoming excessive. The demand to recruit and retain staff, trained in the facilities and willing to commit to long-term employment, had become the chief motivator for effecting change relative to staffing.

After multiple brain-storming sessions over a period of approximately six months, solicitation of input from novice and seasoned aides, and a general critique of the literature related to

the retention of non-professional nursing staff, the SDDs designed and proposed a draft **CNA Retention Program** to the Salter administration. The process and time-lines used to present the program are outlined in the attached draft document. The three CNA retention goals and the program's conceptual model are also presented.

Following lengthy discussion, the SDDs concluded that the majority of recruitment and retention strategies identified in the literature were being employed in the Salter facilities. They did agree, however, that expanding the CNAs "scope of involvement or practice" was one retention strategy that might profit from a more organized approach. The proposed **CNA Retention Program** depicts a model of the ultimate expansion of the CNAs role, along with measurable performance criteria. The second program goal addresses the improvement of the CNAs orientation experience by soliciting feedback from current CNAs via a comprehensive questionnaire. The goal also involves the development of a curriculum for the "Buddy Program," labeled "CNA as Teacher." The last section of the orientation goal consists of a routine evaluation of the orientation program, to be filled out by the CNA one month after hire. Goal three involves the provision of education to CNAs for specialty areas of practice. This goal calls for the formation of four formal class groups: alzheimer care specialist, recreation or activities specialist, CNA as teacher and buddy, and functional mobility specialist.

Recommendations for Recruitment and Retention

Probably the most critical suggestion for developing a recruitment and retention program is to measure and understand your organization's employee turnover. Experts in the area suggest calculating CNA turnover rates every quarter. Conducting exit interviews with departing staff allows supervisors to identify problem areas. Job satisfaction surveys are also a rich source of information relative to the work environment. Focus groups conducted with employees can be used as a morale builder and as a task force for working on projects or long-range plans.

There are many approaches to recruitment, for example local job fairs, an open house, the local media, and one the Salter Homes have had considerable success with - providing bonuses to current employees responsible for recruiting new employees. In the Salter facilities, even family members of patients and residents are encouraged to take an active role in the recruitment process. Additionally, large-scale public awareness campaigns may help. For example, the Salters advertise employment opportunities on the cinema screens at the local theaters. Educational institutions have traditionally been a rich source for recruitment and continue to be a valuable part of the effort.

A detailed screening interview with prospective CNAs and a systematic, comprehensive orientation program is strongly recommended. Probably without question, the most important element in retaining quality CNAs is in the hiring process. The importance of hiring the right individuals to begin with cannot be over-

stated. Ultimately, the retention program is only as good as the employees hired. For this reason, it is recommended that a three-month probationary or conditional performance appraisal be administered by the immediate supervisor with input from the conditional employee's co-workers.

The Salter Homes place new CNAs with seasoned ones as part of a mentor or buddy program; although this link in the retention chain requires strengthening. Clear and written information is provided to new employees at orientation to allow ample time for comprehending the material. All new hires are introduced to the administrator, director of nursing and nurse managers on the first day of orientation. Maybe it would be helpful to include some hands-on experience during the first day of orientation. This tactic may help to allay apprehension, making new hires more apt to return to the facility the second day, especially if they have begun to develop a sense of being "part of the team."

Staff recognition has been hailed as a successful retention effort for over a century, and it continues to be critical. A "pat on the shoulder" or a "kind word" goes a long way toward making employees feel that they, and the work they do, are important and valued. Even the simple act of writing congratulatory letters to CNAs can be an effective means to showing appreciation. For example, at the Salter facilities, if a family member or client expresses gratitude vis-a-vis a CNA to his or her supervisor, the SDD communicates the "good news" to the CNA, both in writing and by word-of-mouth. Supervisors/peers recognize exemplary CNAs on a

monthly basis, using a secret ballot. The selected individual receives an appreciation plaque, and the CNAs photograph is hung on the wall in the lobby for one month.

The SDDs periodically hold internal contests on every imaginable subject related to sub-acute and long-term care, for example HIV/AIDS, Resident Rights, Emergency Evacuation and Standard Precautions. The winner(s) receive scratch tickets or gift certificates to local restaurants. Cards and letters of appreciation received from clients, families, vendors, physicians and others are posted on the employee bulletin board. Facility newsletters acknowledge stories about CNAs, and staff photographs taken during special events such as the annual inservice fair, are displayed on facility bulletin boards. Also, the activities/recreation staff conduct ongoing competitions, such as posting the CNAs baby pictures on the wall. The individual(s) correctly guessing the names of the CNAs in the photographs win a prize. The name of the winner(s) is also announced on the overhead speaker.

Other retention efforts that have demonstrated notable success include career ladder programs for CNAs, permanent patient assignments, and a partner to team with while carrying out work assignments. CNA focus groups, described earlier in this paper, sometimes serve as a support club or a problem-solving task force. Outstanding CNAs regularly function as committee members in the Salter facilities. The literature reports some facilities have found that delegating CNAs the authority to carry out facility-wide

job restructuring or re-design is an effective retention effort.

Lastly, it is suggested that facility leaders provide the support and resources needed for instituting a systematic, comprehensive staff development program, directed by a highly qualified and respected professional nurse. It is zealously advised that staff development and training is the **key** to CNA retention, and based on that belief, the Woburn Nursing Center recently developed an exemplary staff development program (McKinnon & Capone, forthcoming).

The Salters have invariably employed highly educated and experienced SDDs to direct, plan, implement and evaluate their staff development programs. All of the directors have instituted a regular inservice training program addressing the psychosocial, ethical, physical and interpersonal aspects of patient and resident care. They spend an inordinate amount of time reviewing and obtaining model inservice training programs on the principal issues surrounding client care. This often entails travel into Boston or other local cities to attend workshops and conferences.

Equally as importantly, the directors provide personal growth and development opportunities for all staff, frequently bringing in experts from the community; even if it necessitates paying a sizable stipend for the service. If there are no experts available locally, they are imported from other states. The Salters diligently strive to create a culture that fosters self-directed study and the concept of life-long learning. Staff are openly encouraged, without the fear of reprisal, to provide candid

feedback about the work environment to supervisors, administrators and owners.

The Salter brothers philosophy, which originated with their parents, Gershon and Edythe Salter, the founders of Salter HealthCare in 1957, is that their work is more than just a business; it is truly a way of life. It is a tradition of family, quality, and community. It is a **Tradition of Caring**, and, the Salters are willing to pay the price in support of their steadfast philosophy - Only with committed, loyal, holistically healthy staff, can they keep the **Tradition** alive and growing.

Because the **CNA Retention Program** is novel; not having endured the test of time, it would be imprudent to evaluate its effectiveness for roughly three years. Most "change" theorists argue that successful program change takes at least three to five years. Ongoing evaluation will take place once the program is implemented and trivial problems will be addressed. A comprehensive program evaluation will be conducted annually, and if the retention of CNAs has improved significantly, the updated version of the program, along with retention statistics, will be submitted for inclusion in ERIC. Individuals with rebuttals or input vis-a-vis the CNA retention project are invited to contact Cole McKinnon at Dr_Cole@MSN.COM.

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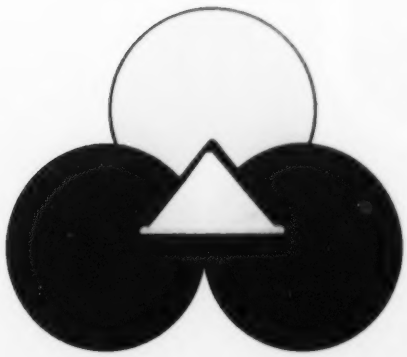
CNA RETENTION PROJECT



~ DRAFT ~

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GOALS:

To retain high quality Certified Nurses Aides by:

1. Promoting the "Scope of Involvement" for CNA's

2. Improving the orientation experience

3. Providing education for Specialty of Practice areas for those CNA's who choose to attend

GOAL # 1:

PROMOTING THE SCOPE OF INVOLVEMENT (PRACTICE) FOR CNA'S IN THE SALTER SYSTEM (TARGET DATE FOR COMPLETION - END OF OCTOBER)

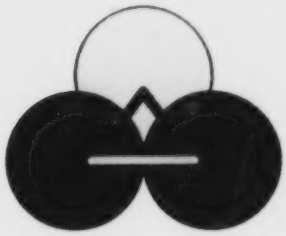
1. The program material will first be presented to Nursing Management and then to Head Nurses & Staff Nurses to heighten their awareness of the retention issue & gain needed support.

2. The Scope of Involvement (Practice) Material will be presented to CNA's as Mandatory Programming as evidence of great value of their position.

3. "The Scope of Involvement Summary" will be included with each CNA orientation.

4. See content of Scope of Involvement concept on next page.

Scope of Involvement (Practice) Concept



1. The 3 inter-connecting circles with a central triangle depict the ultimate expansion of the CNA role.

   A. The White Central Triangle represents the CNA's 1:1 work with his/her resident. All CNA's must begin their practice here by:

      1. Giving knowledgeable, safe physical & emotional care.

      2. Assessing and reporting appropriate information to Charge Nurse or Team Leader.

      3. Learning Emergency Plans for building.

B. The Red Circle represents the CNA who is interacting well with her patient care team.

1. She is able & willing to help her co-workers.

2. She comes to work on time because she knows how her co-workers are effected if she's consistently late.

3. The CNA practicing well in this area is aware of the other disciplines & draws on them appropriately when needed. (SW, OT, PT)

4. The CNA will be flexible about occasional floating.

5. The CNA knows where his/her resident's interdisciplinary care plan is kept and has a general idea of its contents.

6. This CNA contributes positively to relationships with residents' significant others/family, understanding they are key to the residents' well being.

C. The Yellow Circle depicts the CNA who is active in floor organizational tasks - tasks that help the unit. This CNA might do any of the following:

1. Be a buddy for new employees.

2. Be an active member of unit Dining Room Committee.

3. Assist with small activity groups on their own unit.

4. Actively participate in Care Plan Meetings as appropriate.

5. Assist Charge Nurse in drawing up or updating resident Care Plan.

6. Is mindful of inservice obligation and knows various ways to fulfill this obligation.

7. Is diligent about completing "additional" tasks on N.A. Assignment and sometimes takes it upon herself to do extra tasks which contribute to the smooth running of the unit (i.e. stocking supplies).

D. The Blue Circle represents the CNA functioning on a facility level. He/she may participate in facility functions to make the building a more vital place for those who live & work here.

Assistance in any of the following areas is evident of this:

1. CQI Committee membership & active involvement
2. Helping with Wellness Program activities
3. Assisting with Senior Olympics
4. Assistance with Holiday Bazaar
5. Assisting with the activities of Nursing Home Week
6. Assisting with Annual Inservice Fair

GOAL #2:

IMPROVING THE ORIENTATION EXPERIENCE

A. Comprehensive Questionnaire

1. Attached questionnaire will be distributed to CNA employees who have worked 6 months or less in our system.

2. Orientation questionnaire results will be tabulated & report constructed.

3. Resulting report content will be shared with Nursing Supervisory Group, Head Nurses, & possibly Staff Nurses as appropriate.

4. Orientation class content may be adjusted as needed.

B. Buddy System

1. Cirriculum content for 1-2hr. class entitled "CNA as Teacher" is being developed (content outline in next section).

2. Class will be offered to all interested CNA's on a volunteer basis with strong encouragement for attendance for those CNA's used often as "buddies" or those who appear suited for the role.

3. The class can be presented as an important part of the "CNA & the Nursing Unit" portion of the Scope of Practice.

4. A certificate will be issued for those who attend and participate.

5. Designation of buddy status will not be restricted to those who attend class but the class attendance will be encouraged & class will be represented on a cyclical basis as needed (2-3x/yr.).

C. Routine Evaluation of Orientation

1. To be filled out one month after hire.

2. SDC will initiate interview with new hire & get feedback of critical first month of employment.

GOAL #3:

PROVIDE EDUCATION FOR SPECIALTY OF PRACTICE AREAS

The following areas are being developed for Formal Class Groups:

A. "CNA as Teacher" & how to be a good buddy

B. Advanced Alzheimer's Training

C. Activities

D. Functional Mobility Specialist